

# BEAUMONT

TEXAS

## CITY OF BEAUMONT APPLICATION FOR ALCOHOLIC BEVERAGE PERMIT

### SECTION A: APPLICATION LOCATION CERTIFICATION BY PLANNING & ZONING

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DETERMINATION DATE: \_\_\_\_\_  
IF DENIED, REASON FOR DENIAL: \_\_\_\_\_

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### SECTION B: APPLICATION FOR ALCOHOLIC BEVERAGE PERMIT(S)

TYPE OF LICENSE(S) APPLIED FOR: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

BUSINESS EMAIL: \_\_\_\_\_

DATE BUSINESS OPENED: \_\_\_\_\_ FEDERAL TAX ID NO: \_\_\_\_\_

TYPE OF OWNERSHIP: \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROPRIETOR \_\_\_\_\_ OTHER

HAS BUSINESS EVER OPERATED UNDER A DIFFERENT TRADE NAME: \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PROVIDE PREVIOUS TRADE NAME: \_\_\_\_\_

FULL NAME OF LEGAL OPERATOR/MANAGER: \_\_\_\_\_

DOB: \_\_\_\_\_ DRIVER'S LICENSE NO./STATE: \_\_\_\_\_ SSN: \_\_\_\_\_

BILLING/MAILING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FULL NAME OF LEGAL OPERATOR/MANAGER: \_\_\_\_\_

DOB: \_\_\_\_\_ DRIVER'S LICENSE NO./STATE: \_\_\_\_\_ SSN: \_\_\_\_\_

BILLING/MAILING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FULL NAME OF OWNER/OFFICER: \_\_\_\_\_ TITLE: \_\_\_\_\_

DOB: \_\_\_\_\_ DRIVER'S LICENSE NO./STATE: \_\_\_\_\_ SSN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CO-OWNER/OFFICER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DOB: \_\_\_\_\_ DRIVER'S LICENSE NO./STATE: \_\_\_\_\_ SSN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

LICENSING AGENT, IF ANY: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF LEGAL PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WILL THIS BUSINESS HAVE GAMING MACHINES: \_\_\_\_\_ NO \_\_\_\_\_ YES; IF YES, HOW MANY \_\_\_\_\_

WILL THIS BUSINESS HAVE SEXUALLY ORIENTED ENTERTAINMENT: \_\_\_\_\_ YES \_\_\_\_\_ NO

**INDICATE THE TYPE OF BUSINESS FOR WHICH THE ALCOHOLIC BEVERAGE LICENSE IS BEING REQUESTED (CHECK ONE):**

\_\_\_\_\_ SALE OF ALCOHOLIC BEVERAGES AS PRIMARY RETAIL USE (EXAMPLE: 7-11 STORES)

\_\_\_\_\_ SALE OF ALCOHOLIC BEVERAGES AND ON-PREMISE CONSUMPTION AS A SECONDARY ACCESSORY USE TO A PRIMARY USE (EXAMPLE: RESTAURANT)

\_\_\_\_\_ SALE OF ALCOHOLIC BEVERAGES AND ON-PREMISE CONSUMPTION OF ALCOHOLIC BEVERAGES AS A PRIMARY USE (EXAMPLE: LOUNGE, BAR, ETC.)

IN FULL COMPLIANCE WITH THE ORDINANCE PROVISION OF THE CITY OF BEAUMONT CODE OF ORDINANCES, CHAPTER 6 WHICH REGULATES THE CONDUCT OF SUCH PLACES, I HEREBY CERTIFY THAT I FULLY UNDERSTAND AND AGREE THAT SUCH PERMIT MAY BE REVOKED IN THE EVENT THIS FACILITY IS NOT OPERATED IN ACCORDANCE WITH THE STATE LAW AND LOCAL ORDINANCE. I AM APPLYING FOR THE ALCOHOLIC BEVERAGE PERMIT AND CERTIFY THAT ALL OF THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION SHALL CAUSE MY APPLICATION TO BE DENIED, MY PERMIT REVOKED, AND SUBJECTS ME TO CRIMINAL PROSECUTION.

SIGNATURE(S) \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME(S)

\_\_\_\_\_  
DATE

**APPLICATION PROCESS:**

1. CONTACT THE TABC BEAUMONT DISTRICT OFFICE AT 3535 CALDER, SUITE 238, BEAUMONT, 409-838-9040 TO BEGIN THE PERMIT PROCESS.
2. CONTACT PLANNING & ZONING AT CITY HALL, 801 MAIL STREET, ROOM 201, BEAUMONT OR AT THE NUMBER LISTED BELOW FOR LOCATION CERTIFICATION PROCESSING.
3. UPON COMPLETION OF STEPS (1) AND (2), MAIL FULLY COMPLETED AND EXECUTED CITY APPLICATION WITH A COPY OF THE TABC APPLICATION TO THE CENTRAL COLLECTIONS DIVISION, P.O. BOX 3827, BEAUMONT, TEXAS, 77704 OR SUBMIT VIA HAND-DELIVERY TO CITY HALL, 801 MAIN STREET, ROOM 110, BEAUMONT.
4. CENTRAL COLLECTIONS WILL CONTACT YOU WHEN THE APPLICATION HAS BEEN PROCESSED AND ADVISE YOU OF PERMIT FEE(S) DUE. PERMIT FEE(S) MAY BE MAILED TO THE CENTRAL COLLECTIONS DIVISION, P.O. BOX 3827, BEAUMONT, TEXAS, 77704 OR SUBMITTED VIA HAND-DELIVERY AT CITY HALL, 801 MAIL STREET, CASHIER WINDOW IN BEAUMONT.
5. IF FEES ARE REMITTED IN PERSON, YOU WILL THEN BRING THE RECEIPT AND ORIGINAL TABC APPLICATION TO THE CITY CLERK, 801 MAIN STREET, ROOM 125, FOR CERTIFICATION. IF FEES ARE REMITTED VIA MAIL, THE CITY CLERK'S OFFICE WILL CONTACT YOU ONCE THE TABC APPLICATION IS CERTIFIED. A \$1.00 PER SIGNATURE/CERTIFICATION FEE WILL BE ASSESSED BY THE CITY CLERK'S OFFICE.
6. THE CITY OF BEAUMONT SHALL ISSUE ALCOHOLIC BEVERAGE PERMIT(S) TO THE BUSINESS AFTER THE TABC LICENSE HAS BEEN ISSUED.
7. PLEASE DIRECT QUESTIONS REGARDING THE STATUS OF THE CITY APPLICATION TO:  
CENTRAL COLLECTIONS: 409-880-3772  
PLANNING & ZONING: 409-880-3764  
CITY CLERK: 409-880-3745